

# METROPOLITAN ACTION COMMISSION

## Fan & Air Conditioner Application

**MAY 1, 2022 THROUGH AUGUST 31, 2022**

**\*PLEASE REVIEW PROGRAM REQUIREMENTS AND REQUIRED DOCUMENTS BEFORE SUBMITTING THIS APPLICATION\* (SEE BACK PAGE)**

**APPLICANT IS APPLYING FOR: (PLEASE CHECK ONE) ☐ FAN ☐ AIR CONDITIONER**

### APPLICANT INFORMATION

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:

#### Marital Status (Check one)

☐ Never Married    ☐ Married    ☐ Separated  
☐ Divorced    ☐ Widowed

#### Race (Check one):

☐ African American    ☐ Asian  
☐ American Indian or Alaska Native    ☐ Caucasian  
☐ Hispanic    ☐ Native Hawaiian/Other Pacific Islander  
☐ Mid-Easterner    ☐ Two or More Races  
 Other:

### OTHER MEMBERS OF HOUSEHOLD

<b>Name:</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant:
Date of Birth:	SSN:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:	Race:
Monthly Income:		
<b>Name:</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant:
Date of Birth:	SSN:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:	Race:
Monthly Income:		

**\*If you need additional space for other members of household, please ask for an additional member sheet\***

### FAMILY TYPE

☐ Single Parent Female    ☐ Single Parent Male    ☐ Two Parent Household  
☐ Single Person    ☐ Two Adults **No** Children    ☐ Other

### INCOME

<b>Monthly Income:</b>	<b>Source of Income (check all that apply)</b>	<b>Monthly Rent or Mortgage Amount:</b>
\$ _____	<input type="checkbox"/> No Income <input type="checkbox"/> SSI <input type="checkbox"/> Employment <input type="checkbox"/> SS <input type="checkbox"/> Child Support <input type="checkbox"/> SSDI <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Families First	\$ _____
<b>How often are you paid?</b>		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly		

### SIGNATURE

\_\_\_\_ I certify to the best of my knowledge all of the information given by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance. I understand that if I withhold any information or submit false information and receive services to which I am not entitled, I may be subject to criminal prosecution under the laws for the State of Tennessee.

\_\_\_\_ I certify that I have not received an air conditioner from Metropolitan Action Commission within the last four years.

\_\_\_\_ I certify that I have not received a fan from Metropolitan Action Commission within the last three years.

Signature of applicant:	Date:
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## Program Requirements

Customers seeking assistance with an Air Conditioner must be:

1. Senior Citizen-age 62 and above
2. Disabled or Handicapped
3. Have a child in household under 6 years of age with a severe medical condition

## Required Documents

1. Social Security card or printout for all household members
2. Current proof of income for everyone in the household for the past 8 weeks (Must be Income Eligible)
  - ✓ If you're paid biweekly, submit 4 current check stubs
  - ✓ If you're paid weekly, submit 8 current check stubs
3. Disable/Handicapped- submit proof of SSDI or SSI income AND Letter of Need from a physician
4. Child under 6 with a severe medical condition- Letter of Need from a physician

Note: Customers who receive an Air Conditioner this year will not be eligible again for FOUR (4) years.

Customers who receive a Fan this year will not be eligible for THREE (3) years.

## Income Guidelines (FY May 1, 2022 through August 31, 2022)

Members in Household		Annual Limit	Metropolitan Action Commission Community Services Division P.O. Box 196300 Nashville, TN 37219-6300 Phone: 615-862-8860
1		\$25,201	
2		\$32,956	
3		\$40,710	
4		\$48,464	
5		\$56,218	
6		\$63,972	
7		\$71,726	
8		\$79,480	
For family units with more than 8 members, add \$7,754 annually			

